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ATTORNEYS AT LAW  
1000 EAGLE GATE TOWER  
60 EAST SOUTH TEMPLE  
SALT LAKE CITY, UTAH 84111  
TELEPHONE (801) 533-9800  
FAX (801) 328-1707

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From: JENS C. JENKINS  
Comments: Please see attached.  
Docket No.: 14531.107.2.1  
Serial No. 09/744,771  
Customer No. 047973

\*\*\*\*\*  
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PPA0000001119V001

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PATENT APPLICATION

Docket: 14531.107.2.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 21 2005

In re application of

Paz, et al.

Serial No.:

09/744,771

Filed:

April 27, 2001

Confirmation No.:

5682

For:

OVERLAY MANAGEMENT

Examiner:

Jamieson W. Fish

Customer No.

047973

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Sir:

I hereby certify that this paper is being transmitted via facsimile at facsimile number 801-328-1707 to the Patent and Trademark Office to phone no. 571-273-8300 (Formal Fax No.) on the date shown below.

- Transmittal Letter (1 page)
- Amendment "B" (13 pages)
- Form PTO-2038 in the amount of \$200.00
- Request for Continued Examination (1 page)
- Form PTO-2038 in the amount of \$790.00

Dated this 21 day of September, 2005.


Respectfully submitted,



JENS C. JENKINS  
Attorney for Applicant  
Registration No. 44,803  
Customer No. 047973

PPA0000001118V001

SEP 21 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. 14531.107.2.1	
Applicant(s): Paz, et al.						
Application No. 09/744,771	Filing Date April 27, 2001	Examiner Jamieson W. Fish	Customer No. 047973	Group Art Unit 2617	Confirmation No. 5682	
Invention: <b>OVERLAY MANAGEMENT</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	60 -	56 =	4	x \$50.00	\$200.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$200.00</b>	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: September 21, 2005			
<b>JENS C. JENKINS</b> Registration No. 44,803 Customer No. 047973			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", 37 CFR 1.8(a) on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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